

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE

15 JAN 30 PM 3:21

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

12FE4M5

Alison for Kentucky

ADDRESS (number and street)

628 West High Street



Check if different than previously reported. (ACC)

Lexington

KY

40507

- 2.
- FEC IDENTIFICATION NUMBER ▼**

C C00547083

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

KY

00

- 4.
- TYPE OF REPORT**
- (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day
- PRE**
- Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y

- (c) 30-Day
- POST**
- Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

through

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert C. Stilz III

Signature of Treasurer

Robert C. Stilz III

Date

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)